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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1991 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

India

The Executive Director recommends that the Executive Board approve the country programme of India for the period 1991-1995 in the amount of $175,000,000 from general resources, subject to the availability of funds, and $290,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programme" (E/ICEF/1991/P/L.2).

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a/ In view of the Bureau's request for an 18-page documentation limit, the basic statistics and list of evaluations are not included in the present document but are available upon request in the original language from the secretariat.

THE SITUATION OF CHILDREN AND WOMEN

1. With a 1990 population of some 820 million, 25 states, 7 union territories, 15 major regional languages and infant mortality rates (IMRs) ranging from 28 to 123 per 1,000 live births, India is uniquely diverse. Basic indicators on children show a positive trend. IMR fell from 146 per 1,000 live births in 1960 to 94 per 1,000 live births in 1988, while the primary school enrolment ratio increased from 38 per cent in 1951 to 97 per cent in 1989.

2. About 30 per cent of the 25 million children born each year have low birth weight. Neonatal deaths account for about one half of infant deaths. The major causes of infant mortality are diarrhoea, pneumonia, neonatal tetanus and measles, often aggravated by malnutrition. Protein-energy malnutrition affects about 70 per cent of all children under five years old, with possibly one tenth suffer from severe malnutrition. Vitamin A causes an estimated 40,000 new cases of nutritional blindness each year. Some 70 per cent of women of child-bearing age suffer from chronic anaemia.

3. The situation of girls and boys differs significantly according to most indicators, particularly in the northern states. For example, the female mortality rate exceeds the male rate by 10 per cent for children under five years old and by nearly 40 per cent for 5- to 9-year-olds.

4. While there is a primary school in nearly all villages, problems remain in basic education, including lack of access to schools, low achievement, high drop-out and repeater rates and severe disparities between socio-economic groups, geographic areas and between boys and girls. There are as many children (mostly girls) between the ages of 6 and 11 years out of school as are attending it. Only 5 per cent of children reach secondary school.

5. The stream of rural migrants seeking work in the cities, the rapid spread of urban slums, the increasing number of abandoned infants and street children, exploitative child labour and pockets of internal strife leave many young children in especially difficult circumstances. According to some estimates, the number of working children exceeds 40 million.

6. The availability of drinking water in rural areas improved threefold between 1981 and 1989 to 71 per cent. In 1990, out of a total of 590,000 villages, only 7,000 had no water source and around 90,000 were partially served. Ensuring water quality and strengthening linkages with health and sanitation remain major challenges. Service levels for sanitation in urban and rural areas are below 30 per cent and 1 per cent, respectively.

7. The situation of children hinges on that of women. Most social indicators, including the sex ratio (933 females per 1,000 males) and literacy (34 for females and 55 for males for all ages), point to the depressed situation of women. Socio-cultural biases, combined with poverty, weigh heavily on women who marry early and bear children young, and who work

excessively long hours in the home and outside, with unequal access to health and nutrition, educational and other opportunities, as well as insufficient legal protection and social and political participation.

PROGRAMME COOPERATION, 1985-1990

8. UNICEF cooperation covered three clusters of projects: convergent services; technical services; and awareness/capacity-building. This cooperation provided catalytic support for alternative strategies, accelerated service provision and strengthened weak links in development.

Water supply and sanitation

9. UNICEF has helped to develop and disseminate low-cost appropriate technologies for well-drilling and hand-pump development, with an emphasis on village-level maintenance and operation to reduce women's drudgery, as well as water-related diseases. India has pioneered the development of the India Mark II hand-pump, which can be found not only throughout rural India but in many other developing countries. Over 40 Indian manufacturers are now exporting 5,000 hand-pumps annually through UNICEF and a much larger number directly. India has provided every "problem village" (identified in a 1985 survey) with at least one source of safe water. UNICEF has also helped to strengthen management information systems, starting with performance monitoring of drilling rigs, improving outputs and thus reducing unit costs of well installation. The major focus of current UNICEF support, however, has been on intensifying environmental sanitation efforts and communication and social mobilization activities to optimize health impact. In an allied project at Rajasthan, the incidence of dracunculiasis (Guihea worm disease) was reduced substantially through awareness-building and community participation using village contact teams, conversion of stepwells and provision of hand-pumps. "Contact teams" of village women, who travel from village to village with messages about safe drinking water and health, have proved once again that person-to-person contact is the most effective means of rural communication.

Immunization

10. Rates soared following the new government commitment. Coverage with anti-tuberculosis vaccine rose from 24 per cent in 1985 to 89 per cent in 1990, while measles coverage increased from 0 to 69 per cent in 1990. The phased expansion of the programme was accomplished on schedule through political and administrative commitment and professional support. The dramatic increase in immunization coverage establishes a base on which the public health system can build other elements of primary health care (PHC) on a similar scale. Full immunization coverage poses a major challenge in states that have high IMRs and a less-developed health infrastructure. By mid-1990, cold-chain equipment was provided and installed in all 452 districts, workers were trained and a fixed-day strategy was established, providing services regularly on a daily, weekly or monthly basis. Communication efforts included

mobilization around this "fixed-day" strategy, extensive use of modern and traditional media such as video vans, village contact teams and massive distribution of printed materials (e.g., 100 million immunization cards and schedules in 13 languages). The findings of the 1989 national review on immunization showed some weak areas such as linkages with other components of maternal and child health (MCH) services, urban coverage and district-level planning, which led to programme redesign. Components supported by UNICEF included training, communications, supply of essential items and vaccines, programme planning and social mobilization.

11. UNICEF also supported the extensive training of private doctors in diarrhoea management and promoted home treatment and the use of oral rehydration salt packets. Other programmes led to reduced leprosy prevalence in three districts, and the launching of an acute respiratory infection (ARI) control programme in 14 districts across 13 states.

Nutrition

12. UNICEF support included strengthening the national programme for the control of iodine deficiency disorders. The production of iodized salt rose tenfold from 250,000 tonnes in 1985 to 2.5 million tonnes in 1990. A comprehensive communication campaign promoted increased demand and consumption of iodized salt, while iodine monitoring laboratories were established at state and district levels. Following a review, a renewed commitment was made to the national anaemia and vitamin A programmes. Advocacy continued for the adoption of the International Code for the Marketing of Breast Milk Substitutes as national law.

Women in development

13. UNICEF cooperation has focused on two fronts. The first involved policy support for, and the promotion of, women's and girls' concerns through sectoral programmes. For example, the water supply and sanitation programmes began to focus on women as the prime movers of social development, based partly on successful examples of community management of facilities by groups of trained women. Secondly, UNICEF supported specific projects for women, such as Development of Women and Children in Rural Areas, in an increasing number of districts across the states, and the Women's Development Programme (WDP) at Rajasthan. The strategy in both projects involved organizing women for community-level actions to improve their collective and individual access to basic services, including skills training, education, health and child care. UNICEF supported the development of an infrastructure for programme management at the district level, in addition to the training, participation and involvement of voluntary organizations. As of March 1990, the Development of Women and Children in Rural Areas served 160 districts and some 27,000 women's groups.

Urban basic services

14. The strategy of urban basic services has been accepted as an alternative response to the massive consequences of urban poverty, as indicated by the government decision to extend the strategy from its current coverage of 168 towns to all towns and cities in the country. The approach involves the participation of neighbourhood committees, supported by resident community volunteers and nurtured by the municipal field staff and local voluntary agencies, in order to ensure the effective channelling of services for children and women (including immunization, improved infant feeding practices, home-based diarrhoea management, growth monitoring, pre-school learning, functional literacy, birth spacing and self-employment). Evaluations and studies have indicated mixed outcomes. For instance, achievements surpassed targets for child-care centres, but did not meet those for pre-natal care and the training of birth attendants.

Education

15. The mid-term review in 1988 indicated the need to "scale up" pilot-level activities supported by UNICEF. For example, the learning materials that had been developed needed to be disseminated and used widely. The work done in the field of early childhood care education needed to be organically linked to the Integrated Child Development Services (ICDS). More focus was needed on enhancing the primary school enrolment and attendance of girls. Some of these positive developments are being integrated into the larger educational system in line with the Education for All objectives.

Integrated Child Development Services

16. ICDS continued to grow, with 1,288 new projects established during the period, bringing the total number sanctioned to 2,424 by March 1990. The programme currently reaches approximately 45 per cent of the 5,147 development blocks and 236 urban slums in the country (with 38 million children under six years old - some 31 per cent of the national population in this age-group), directly benefiting 11.8 million children under six years old and 2.3 million pregnant and nursing mothers. Joint reviews with the Government have shown that there is scope for improvement in the recruitment and training of new staff, co-ordination with health services, quality of training, participation by voluntary organizations and women's groups, pre-school learning and outreach to children under three years old.

Childhood disability

17. UNICEF assisted the Government in focusing on primary and secondary prevention, through immunization, the control of micronutrient deficiencies (in iodine and vitamin A) and raising awareness. For children in especially difficult circumstances, UNICEF efforts helped to focus further attention on the plight of large numbers of street and working children and to shift emphasis from institutional support to family-based care and from punitive to corrective approaches, with voluntary and community mediation.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $175,000,000
Supplementary funds: $290,000,000

Recommended programme cooperation a/

(In millions of United States dollars)

	General resources	Supplementary funds b/	Total
Child development	50.0	-	50.0
Women's development	20.7	4.0	24.7
Urban basic services	9.0	10.0	19.0
Support for community-based convergent programmes	2.5	10.0	12.5
Health	31.6	91.0	122.6
Education	20.0	100.0	120.0
Nutrition	4.0	11.0	15.0
Water supply and sanitation	14.0	64.0	78.0
Childhood disability	3.2	-	3.2
Children in especially difficult circumstances	3.7	-	3.7
Information and communication	2.8	-	2.8
Planning and programme support	13.5	-	13.5
Total	175.0	290.0	465.0

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Overall objectives

18. The 1991-1995 programme of cooperation, as presented in full in the plan of operations, seeks to advance the following national objectives, consistent with the priorities in the eighth five-year plan, 1990-1995, and the global social development goals for the 1990s: (a) to reduce IMR from 94 per 1,000 live births in 1988 to 75 per 1,000 in 1995; the under-five mortality rate (U5MR) from around 146 to 125 per 1,000 live births; and the maternal mortality rate (MMR) from about 400 per 100,000 live births to 300 per 100,000 live births over the same period; (b) to reduce the morbidity of infants and children; (c) to promote universal access to drinking water; (d) to increase social acceptance of sanitary practices; (e) to enhance the nutritional well-being of children, adolescent girls and women; (f) to improve opportunities for basic education for all children and women, to increase attendance in primary schools and to improve adult literacy rates, especially among women; (g) to improve social and economic opportunities for women; (h) to reduce the proportion of early marriage of girls from the current 37 per cent in the age-group 15 to 19 years and 4 per cent in the age-group 10 to 14 years (1987-1988); and (i) to reduce disparities in social development indicators, among geographic areas and socio-economic groups and between males and females.

Implementation approach

19. A two-pronged approach is being proposed to address the agreed goals. First, programmes providing basic services to children and women, including ICDS, the Development of Women and Children in Rural Areas, urban basic services and MCH, will be supported on a nation-wide scale. In education, water supply, sanitation, nutrition and children in especially difficult circumstances, emphasis will be mainly on the development of systems and approaches, communication and training and advocacy at the national level.

20. In addition, in selected districts chosen by the Government on the basis of criteria such as child mortality rate, female illiteracy and extent of poverty, emphasis will be placed on enhancing community capacity to plan, manage and sustain developmental activities through the outreach gained in one or two existing programmes such as water supply or education. This, in turn, will be supported through intensive cross-sectoral programming by relevant ministries, supported by voluntary agencies, non-governmental organizations (NGOs) and others. The aim is to achieve convergence of action through community management.

Child development

21. UNICEF cooperation in this programme is channelled through ICDS, including most of the support for early childhood care and education. During the eighth five-year plan period, ICDS is expected to serve over 60 per cent of all development blocks. The ultimate goal is to provide services to all children in need under six years old, with priority given to blocks with a high proportion of "scheduled castes" or "scheduled tribes" (those given

special protection under the Indian constitution). This programme aims to improve the nutrition and health status, as well as the psychological, physical and social development of young children. The capability of mothers will also be enhanced through practical education in nutrition and health (e.g., Facts for Life).

22. Services under ICDS start with enlisting and guiding expectant mothers on preventive health care and maternal nutrition. They are then linked to the health system for perinatal care. Immunization and guidance for infant feeding practices, diarrhoea management and birth spacing are provided. Activities for children under three years old include supplementary nutrition, the provision of vitamin A and iron/folic acid tablets, early childhood stimulation, growth monitoring and promotion, improved infant feeding practices and community-based nutrition surveillance and support. While supplementary nutrition will be provided to those under six years, children between three and six years old will also receive pre-school education.

23. UNICEF cooperation will support the training process, including the training of the projected 1,150 child development project officers, 5,000 supervisors, 100,000 anganwadi (assembly of pre-school children for a particular social intervention) workers and 100,000 helpers; strengthen access of pregnant and nursing women to MCH, preventive health services and supplementary nutrition; provide information on child care, health and nutrition to mothers; enhance early stimulation and the learning environment through non-formal methods, with technical support from resource institutions; support government efforts to strengthen operational capacity at state and district levels; encourage response to population-specific needs through a flexible combination of services; promote convergence of socio-economic inputs in ICDS project areas; and use the ICDS infrastructure as a vehicle for promoting other services, as well as public awareness and participation.

Women's development

24. All programme components will aim to improve the status and situation of women and girls, particularly by promoting participatory approaches in community organization. In addition, UNICEF will support their mobilization and active participation based on approaches developed under WDP in Rajasthan. This involves enhancing interpersonal communication in order to raise awareness of factors affecting women's status and situation, forming groups to address those factors and developing leadership and capacity among women to participate effectively in local bodies and community organizations.

25. Coverage under the Development of Women and Children in Rural Areas programme will be extended from the current 160 districts to another 280 districts during 1991-1995, with the aim of establishing 30 women's groups in every development block. These groups will seek to enhance opportunities for self-employment through improved access to credit, skills training, infrastructural support, cash and other productive resources; and will enlarge their access to, and control over, the cluster of basic services they and their children require through links with health, education, water supply and

other social support systems. UNICEF will support this process through extensive qualitative improvements and innovations in establishing linkages with mainstream institutions in the relevant districts.

26. For adolescent girls, the aim is to reduce the proportion of early marriages and early pregnancies and to equip them with basic literacy, life and vocational skills to provide them with options in life. Policy development, communication and public education activities at national and State levels will aim to change parental and social attitudes on girls' needs and marriage ages. In addition, a package of services will be built onto existing programmes, including ICDS, the Development of Women and Children in Rural Areas, MCH and non-formal education, in specific districts.

Urban basic services

27. The broad aims of UNICEF cooperation are the reduction of morbidity and mortality through the extension of child care and health services and water and sanitation facilities; improved access to basic and community education; increased awareness and capacity of urban low-income groups to meet their own needs; and the promotion of participatory approaches in Government and voluntary agencies for the urban poor. A prerequisite for action will be the organization and participation of communities through neighbourhood development committees.

28. UNICEF support will focus on strengthening a network of subnational training institutions; supporting management information systems at town/district levels; information and communication; poverty studies and policy research; supporting the non-governmental sector in innovative experiments; intensive programming in selected districts; and supporting service delivery in emergent situations.

Support for community-based convergent programmes

29. The aim is to enable communities to direct their own development, particularly activities for the well-being and development of children and women. This will involve organizing, informing, training and activating community-level organizations and women's groups, in particular, to enable them to be involved in planning, managing, evaluating and sustaining development activities; orienting and assisting government functionaries of various socio-economic services to coordinate better the planning and implementation of activities for children and women; and orienting and involving women and other members of Panchayat (local government council) institutions, cooperatives and community organizations in these districts.

30. The related activities comprise support for a brief district-specific structural and situation analyses involving the community; the selection and training of community volunteers; organizing, training and activating women's groups; orientation of members of community organizations such as Panchayats and co-operatives; orientation of government functionaries; improving social planning competence at community, block, district and State levels; monitoring

of process and impact based on a set of basic indicators of "human development" involving the community; and exchange of programme experience and mutual support between districts/States.

Health

31. UNICEF will support the reduction of IMR from 94 per 1,000 live births in 1988 to 75 per 1,000, U5MR from 146 to 125 per 1,000 live births and MMR from 400 to 300 per 100,000 live births by 1995. The goals for the control of childhood diseases include the eradication of poliomyelitis in 40 per cent of districts (and 60 per cent of urban areas), the elimination of neonatal tetanus, the reduction of measles deaths by 95 per cent, the reduction of diarrhoeal deaths by 30 per cent, the reduction in deaths caused by ARI by 20 per cent and the virtual elimination of nutritional blindness. Services for safe motherhood will aim at 60 to 100 per cent coverage.

32. Using the strengthened infrastructure that enabled universal immunization, a universal immunization programme plus package of services combining immunization with basic MCH interventions such as the control of diarrhoeal diseases, pneumonia therapy, vitamin A distribution and new-born care for young children, tetanus toxoid immunization, anaemia control, antenatal care, screening for high risk, referral, care at birth and birth spacing, will be implemented progressively towards universal coverage. Voluntary and women's organizations will be partners in achieving common goals. Intersectoral linkages will be activated with education, water and sanitation, women's programmes, ICDS and urban basic services. Private practitioners and doctors from indigenous systems of medicine will be involved in activities for child health and safe motherhood as partners for improved health care delivery. Systems support by UNICEF will seek to strengthen training, communication and information, management information systems, materials and supplies management, health equipment maintenance, indigenous product development, referral systems and capacity-building.

33. UNICEF will support activities to control area-specific public health problems such as leprosy, malaria, kala-azar, sexually transmitted diseases, Japanese encephalitis, acquired immunodeficiency syndrome (AIDS), tuberculosis and yaws, in addition to cooperating in eradicating dracunculiasis (Guinea worm disease).

34. UNICEF inputs in the health sector will include supplies for the universal immunization programme plus package, training and related materials, communication materials, operational support, management information, evaluation and disease surveillance, support to product development and operations research.

Education

35. National basic education goals include universal elementary education for children up to the age of 14 years by 1995, with different target-specific areas and socio-economic groups in terms of access, retention and achievement,

and the elimination of adult illiteracy by the year 2000 in the 15- to 35-year-old group. Expansion of early childhood development activities, strengthening of primary education delivery, reorientation of non-formal education and a refocusing of adult education and literacy activities will be the main areas. Strategic government concerns include decentralization through local planning; community involvement and social mobilization so that education becomes a people's movement; special efforts to reduce disparities among different socio-economic groups, with particular emphasis on women and girls; and a concerted effort to make the system work and be more responsive.

36. Within this framework of Education for All, UNICEF cooperation will centre on strengthening capacity - at the national level and in selected States - for programme planning and implementation within key subsectors such as teacher education, educational media, micro-planning, non-formal education and the National Literacy Mission; the dissemination and application of proven approaches and strategies; programme development for specific areas and population groups in districts selected for community-based convergent services; and support to a comprehensive programme of educational reconstruction in the State of Bihar.

37. The major programme for UNICEF support will be the Bihar education project, which aims to reach educationally and economically deprived segments of the population through intensive, long-term and multifaceted programmes and, through education, trigger changes in other spheres. Thus, universal primary education and reduction in illiteracy will serve the objectives of women's equality, equal educational opportunities for socially and economically deprived groups, relating education to people's living and working conditions, and linking education with science and the environment.

38. In selected districts, support will be provided to encourage district-level planning and implementation of Education for All, with a focus on meeting the learning needs of particular target groups such as girls, working children and children in urban slums and squatter communities. Support activities will include situation studies; district/block-level planning; interlinked delivery of early stimulation, early childhood education, primary education and adult literacy; teacher training; development and use of teaching-learning materials; community and resource mobilization; networking with voluntary organizations; and mechanisms for management information, supervision and evaluation.

Nutrition

39. The objectives of UNICEF cooperation include the reduction of severe and moderate protein-energy malnutrition and of the number of low birth-weight babies; promotion of breast-feeding and improved weaning practices; increasing availability of low-cost nutritious supplementary foods for infants and children; promoting growth through ICDS and health services; and control of iron, iodine and vitamin A deficiencies.

40. UNICEF will support interventions combining dietary improvement and provision of prophylactic doses of vitamin A aimed both at eliminating nutritional blindness, and in view of the increasing evidence that vitamin A deficiency increases child mortality rates, as part of a broader PHC programme. Those efforts will be linked to measles immunization for infants and to ICDS and MCH channels for young children. A similar approach will be followed for reducing nutritional anaemia among women and children, combining short-term (iron folic acid tablets) and long-term (dietary) strategies, using the tetanus immunization contact for pregnant women and ICDS/MCH channels for others.

41. To control iodine deficiency, universal salt iodation, demand creation and consumption, and quality control will be promoted. The priorities in infant feeding practices will be exclusive breast-feeding up to four to six months and the promotion of awareness on timely and proper supplementary foods. Growth monitoring and promotion will be supported, linked to improved nutrition surveillance at the community level, and will include better care and improved feeding of infants, children and women at the household level. Maternal nutrition and energy conservation during pregnancy will be promoted as a part of safe motherhood services. Experimental projects will be supported to reach a package of services, including nutrition awareness and supplements to adolescent girls.

Water supply and sanitation

42. The goal of the eighth five-year plan is to provide one hand-pump for 150 people at a distance of not more than one kilometre from village dwellings in plains and 50 metres elevation difference in hills; and for sanitation, to enable 15 per cent of the rural population to use low-cost, pour-flush latrines. In support of these national goals, UNICEF cooperation will focus on increased awareness and behavioural change for better environmental sanitation and personal hygiene; elimination of dracunculiasis; effective community management of water and sanitation interventions through greater participation of women; increased availability of drinking water and sanitation facilities; stronger operational linkages between water supply, sanitation and health interventions, particularly diarrhoea control; development and propagation of low-cost appropriate technologies; training of personnel at different levels; and development of management information systems.

43. The following activities will be pursued at the national level: support for policy formulation for community involvement and participation; the pursuit of new viable technological options; support to management information, operations and maintenance systems; state-level capacity-building for communication and mobilization; improving government drilling capacity; monitoring groundwater fluctuations, drilling and geophysical investigations, including hydrofracturing and remote-sensing techniques; development of the India Mark III hand-pump, designed for easier village-level maintenance, and suction pumps for shallow wells; quality control; and methods for rainwater harvesting and home treatment of drinking water.

44. In sanitation, national-level activities will focus mainly on awareness generation for behavioural change, training capacity, alternative technologies, local production capacity, collection and sharing of information and involvement of non-governmental agencies. The successful strategy employed for the control of dracunculiasis, especially the village contact team approach, will be replicated in other districts to achieve disease eradication/surveillance.

45. In selected districts, national-level activities will be supported through communication, community mobilization, training of community organizers, baseline surveys and community-level monitoring through village committees to promote community ownership and management of the facilities established. Linkages with the health system, ICDS and women's groups will be strengthened, with substantive involvement of voluntary agencies. Government efforts in the eradication of dracunculiasis will also be supported in selected districts through increased awareness, detection and treatment of infected patients and through safe water supplies.

Prevention of disability

46. UNICEF supports the Government in its efforts towards prevention and early detection/intervention through health and nutrition programmes, ICDS and other community-based programmes. Activities supported by UNICEF will be implemented by the National Institutes for the Handicapped, district-level rehabilitation centres and voluntary organizations. Broadly, the activities comprise continued support to immunization; prevention of nutritional deficiencies such as vitamin A and iodine; dissemination of information on nutrition and healthy behavioural practices aimed at prevention through health services, ICDS, urban basic services and other community outreach programmes; training of mothers, families and front-line workers, including anganwadi workers, to detect incipient disability; early intervention at family and community levels to limit adverse consequences; and mobilizing the resources of health, ICDS and urban basic services systems for disability prevention.

Children in especially difficult circumstances

47. The objectives of UNICEF cooperation are advocacy for policy and programme development; support to capacity-building and networking among governmental and non-governmental agencies; and non-institutional, community-based approaches to protect children. Activities for UNICEF support will include awareness creation and advocacy so that policy makers, city planners, Panchayats, opinion leaders, law enforcement officers and others can provide these children with their attention and assistance. The Ministry of Welfare will initiate a series of consultations with other ministries, such as education, labour and health, to evolve an integrated package of services for children in especially difficult circumstances. Selected institutions and programmes such as ICDS, urban basic services and the Development of Women and Children in Rural Areas, working with risk-prone communities and undertaking preventive, community-based and family-focused

interventions, will receive support. Attention will be paid to the protection of child workers in the unorganized sector and rural areas, with the help of legal, educational and health/nutrition activities.

Information and communication

48. All the programmes include a strong communications aspect, using behavioural research, social marketing and media planning techniques to improve programme planners' understanding of community needs, as well as to improve the effectiveness of programme delivery. In addition, information on child survival and development (CSD) is generated and disseminated to the public and to policy makers to mobilize political and popular energies to achieve these goals.

49. Activities include advocacy for policy impact through the dissemination of information on themes related to children and women, for which the priorities embodied in the Convention on the Rights of the Child constitute an important framework; enhanced public awareness highlighting the problems and needs of children through awareness campaigns, public service advertising, orientation for opinion leaders and support to special events; capacity-building through orientation workshops for media units, folk artists, field functionaries; development of training materials; introduction of child-related courses in open universities; support to other programmes to complement sectoral communication components; and evaluation, feedback and impact studies on the ongoing media orientation projects.

Planning, monitoring and programme support

50. The broad objectives are national action for giving the highest priority to the essential needs of children; strengthening programming capacity at district and state levels; developing effective monitoring and evaluation techniques as a management tool; and the monitoring and analysis of the situation of children and women at the district, state and national levels. The country programme will be jointly monitored and reviewed by the Government and UNICEF through a process combining regular reporting on performance and expenditures, annual reviews, component-specific evaluations and a mid-term review in the third year of the programme.

51. Activities supported include the development and monitoring of critical indicators with which the Government can measure progress in all sectors towards the CSD goals of the 1990s. This will be done mainly through the use of existing reporting systems. As needed, additional capacity for monitoring and using indicators will be built, for example, through participatory monitoring of programme coverage and results at the community level, and by involving NGOs and technical institutions in monitoring and evaluation. The support of international and local agencies and organizations will be enlisted, as appropriate, and where their collaboration will enhance services for children and women. Other activities will relate to studies and research on the rights of the child and to meeting the operating costs of UNICEF personnel assigned to more than one programme sector.

TABLE 1. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1985-1990

(In thousands of United States dollars)

COUNTRY: INDIA
LATEST BOARD APPROVAL: 1985
GENERAL RESOURCES: $175,000,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	19508	74671	1601	2033	325	1179	12251	9786	33685	87669	121354
Water supply and sanitation	19761	32848	634	2578	1460	2287	8264	9650	30119	47363	77482
Nutrition	3811	177	52		104		1223	80	5190	257	5447
Education	2704	19	849		7		6224	56	9784	75	9859
Community organization and development	5739	26	20413	55			11335	118	37487	199	37686
Young child development	3630		768		121		827		5346		5346
Women-centred programme	1287	20	432		22		7847	25	9588	45	9633
Advocacy	76		45		106		273		500		500
Emergency					1	180			1	180	181
Planning and project support	9540	2635	283		8672	378	6889	1286	25384	4299	29683
Freight	2873	2646							2873	2646	5519
GRAND TOTAL	68929	113042	25077	4666	10818	4024	55133	21001	159957	142733	302690

GR = General resources.
FSF = Funded supplementary funding.

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TABLE 2. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: INDIA Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health and childhood disability	GR	6100	6600	7080	7380	7640	34800
	FSF	2500					2500
	NSF	20000	20000	22000	15000	14000	91000
Water supply and sanitation	GR	3500	2850	2770	2720	2160	14000
	FSF	8200					8200
	NSF	10000	12000	15000	15000	12000	64000
Nutrition	GR	1000	700	800	800	700	4000
	NSF	2000	2500	2500	2500	1500	11000
Education	GR	6000	4500	3500	3000	3000	20000
	NSF	10000	15000	25000	25000	25000	100000
Urban basic services and community-based programmes	GR	2800	3000	2400	1700	1600	11500
	NSF		2500	4500	6000	7000	20000
Young Child Development	GR	8000	10000	10500	10500	11000	50000
Women-centered programme	GR	3500	3500	4000	5000	4700	20700
	NSF		500	1000	1500	1000	4000
Children in especially difficult circumstances	GR	500	700	800	900	800	3700
Information and communication	GR	600	650	650	500	400	2800
Planning and social statistics	GR	300	300	400	400	310	1710
Programme support	GR	2400	2400	2300	2300	2390	11790
TOTAL	GR	34700	35200	35200	35200	34700	175000
	FSF	10700					10700
	NSF	28910	52000	69000	63500	59500	290000
GRAND TOTAL		74310	87200	104200	98700	94200	475700

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: INDIA	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	9	2077934
Local national Professional and General Service established posts	171	4717576
Operating costs		4749314
Total	180	11544824
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	26	5563000
Supplementary funds	3	632000
Local national Professional and General Service project posts		
General resources	138	3691720
Supplementary funds	19	508288
Total	186	10395008

a/ For information source, see 1992 post authorization table, dated January 1991.